EAST ALLEN COUNTY SCHOOLS
Report Form for Complaints of Harassment/Bullying/Discrimination

Student/ Staff Name	◯ Alleged Victim ◯ Bystander
Home Address:	
Home Telephone Number:	Alternate Telephone Number:
School Building:	Person Completing Form:
Name of alleged offender (s):	

Select One Area

☐ Alleged **harassment** was based on (check those that apply):

☐ Verbal conduct (slurs, jokes, etc.) ☐ Sexual harassment ☐ Other

☐ Physical Conduct (touching) ☐ Display of objects, pictures or photographs

☐ Alleged **bullying** was based on (check those that apply):

☐ Physical contact/Assaulting ☐ Humiliating/Demeaning / Victim Jokes ☐ Intimidating/Extorting/Exploiting

☐ Getting another person to bully ☐ Rude and/or Threatening Gestures ☐ Spreading Harmful Rumors

☐ Teasing/ Name-Calling/Ridiculing ☐ Excluding/Isolating/Rejecting ☐ Threatening

☐ Cyberbullying ☐ Other:_____

☐ Alleged **discrimination** was based on (check those that apply):

☐ Race ☐ Ancestry ☐ National Origin ☐ Gender

☐ Disability ☐ Religion ☐ Age ☐ Sexual Preference

Relationship to alleged offender(s):

Time frame in which incidents occurred: Where incidents most often occurred:

Describe incidents and ongoing behavior which contributed to bullying (give all details):

Use back of form if needed

List any witnesses who were present:

Use back of form if needed

Did a physical injury result from this incident? ◯ No ◯ Yes, explain:

Was the student/ staff victim absent from school/ work as a result of the incident? ◯ No ◯ Yes, how many days? _____

This complaint is based on my honest belief that _____ has harassed/discriminated against/bullied me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature: Date:

Received By (please print): Date:

Principal ___ Asst. Principal ___ SIP ___ Student Services ___

Dg 2/8/12

SUBMIT

If you have not been contacted within one business day of submitting this form, please contact the school principal or the Office of Student Services.